•	Application or Docket Number												
	PATENT APPLICATION FEE DETERMINATION RECORD 10/735589												
CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
T	OTAL CLAIMS	3/						RATE	FEE	7	RATE	FEE	1
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3/ minus 20=		• 1/			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	් 2 minus 3 =		0			X40=	(3)	OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT					٠.			.405		1	+270=		
* If the difference in column 1 is less than zero, enter "0" in						column 2	İ	+135=	- ↓-, -, -,	OR		1.100	00
•	CLAIMS AS AMENDED - PART II								٠ <u>١</u> ٩٤ <u>٠</u>	JOR	TOTAL	7,1178	
(Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••				X\$ 9=		OR	X\$18=		ŀ
KE	independent	•	Minus	***		æ		X40=		OR	X80=		
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┪	-			
				!			·	+135=		OR	+270=		
				i				ADDIT. FE		OR	ADDIT. FEE		ĺ.
	· · · · · ·	(Column 1)		(Colur		(Column 3)			1 4000				<i>y</i> .
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE.	ADDI TIONAL FEE:	3 -1.
	Total	•	Minus	**		5		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		e		X40=		OR	X80=		
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1]		: •	ŀ
		•					į	+135=		OR	+270=		. .
		•					F	TOTA DDIT. FE		OR	ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)							ŀ
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ë
3	Total	•	Minus	**		<u>.</u>		X\$ 9=		OR	X\$18=		ľ
3	Independent	•	Minus	***		£	t	X40=			X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		ŀ		1	OR		•	
. W	the entry in cohm	nn 1 is less than th	ndoo ni vrine e	nn 2. write	"O" in cob	umn 3.	L	+135= TOTAL		OR	+270= *270=		
•• H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL VODIT. FEE		
		ber Previously Paid					four	nd in the a	ppropriate bo	x in cok	ımn 1.		